

## **Family Health Promotion**

### **Brief Program Description**

CODAC began its formal involvement in the Greater Santa Rosa Neighborhood in late summer 1993, with the opening of the Connie Chambers Early Childhood Education Center. It was apparent that people living in the area had many needs that were going unresolved through the array of social service agencies located a great distance from the targeted area. It was also apparent that a continuum of coordinated services was needed from quality childcare to community development, from mental health services to basic health care, from parenting help to transportation issue. To begin addressing some of these needs, CODAC developed the Family Health Promotion Program (FHPP). FHPP was a primary prevention program, targeting children 3-8 and their families. Through its home visitation program, the resiliency skills and protective factor curriculum being taught in the Connie Chambers Early Childhood Education Center was explained and adapted for home use. Families were provided many opportunities to participate in enjoyable school activities and thus promoted school bonding.

A quasi-experimental, pre-test post-test with comparison group design was employed to assess the impact of the CODAC prevention interventions. A pattern emerged that showed that as a rule the Latino children in the CODAC programs improved dramatically from pre-test to post-test. On many measures they improved substantially more than the comparison group children.

### **Program Strategies**

Children were involved in developmentally appropriate activities in childcare, school and recreational activities to develop resiliency skills. Parents were involved in activities that empowered them and increase protective factors. Intervention activities included: (1) training in resiliency/protective factors to parents by providing home visitation, (2) parent advisory council meetings, (3) STEP curriculum workshop series, (4) support groups, (5) family weekend activities, (6) training for key school personnel and in-house staff, (7) provide 5 Building Me Curriculum dosages per day for children enrolled at the Connie Chambers Early Childhood Education Center, (8) provide daily transportation, (9) provide art therapy sessions.

### **Population Focus**

The target population was predominantly of Hispanic/Latino origin. Most family members were monolingual Spanish speakers. This population was traditionally hard-to-reach and under served.

### **Suitable Settings**

FHPP can be implemented in school and community settings.

## **Required Resources**

The Building Me activities manual is utilized.

## **Implementation Timeline**

Weekly Child FHPP activities are broken down as follows:

- 20 hours per month of activities involving Body Management, Health Awareness and Self-Care, Communication, and Socialization

Weekly Parent FHPP activities are broken down as follows:

- 20 hours of intensive In-Home Service
- 10 hours of Parent Advisory Council, and Parenting Workshops
- 8 hours of Family ATID-Free Weekend activities
- 4 hours involving referrals

## **Outcomes**

Evaluation of this program revealed the following:

- In the intervention group in contrast to the comparison group significant improvement was seen in the following resiliency factors related to school success and delayed onset or abstinence from alcohol, tobacco, and illegal drug use: Conduct Problems, Hyperactivity, Inattentive-Passive, and Hyperactivity Index
- The Alcohol, Tobacco, and Illegal Drug (ATID) Use Survey shows that there was a decline in the responding parents' use of tobacco, alcohol and amphetamines between pre-test and post-test. The reduction in ATID use among the CODAC children parents was greater than among the comparison group parents.

## **Contact Information**

For indepth information on this program, please use the contact listed below.

### **Program Developer**

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